

Workplace Supervisor's Job Shadowing Feedback Sheet

Student: _____ Job Site: _____

Date(s) of Job Shadow: _____ Department/Floor: _____

Type of Work Student Shadowed: _____

1. The student was on time: ☐ Yes ☐ No

Comments:

2. The student was dressed appropriately. ☐ Yes ☐ No

Comments:

3. General comments about student behavior:

4. I'd be willing to have another student job shadow. ☐ Yes ☐ No

5. I would like to be considered for:

☐ Tours ☐ Mock Interviews ☐ Work Experience ☐ Career Presentations/Career Fairs

Other:

Workplace Supervisor's Signature: _____ Date: _____

Telephone Number: _____